04/14/2010 19:54

Image# 10990532174

### FEC FORM 3X

FE6AN026

# REPORT OF RECEIPTS AND DISBURSEMENTS

For Other Than An Authorized Committee

		FOLV	Julei	IIIaII AII	Authorize	eu Comm	iiiiee			Office U	se Only	
1.	NAME OF COMMITTEE (in full)			AILING LAE	_	xample:If typ ver the lines						
l ,	American Academy o	f Ophthalmolo	gy Inc	Political Com	mittee (OPF	ITHPAC)	1 1 1 1	1 1	1 1	1 1 1 1 1	1 1	<b>I</b>
 L .												
ш		. 65	E Poor	h Street								
AD	DRESS (number and str	eet)	Беас	in Street								
Г	Check if differen		1 1									
L	than previously reported. (ACC)	L Sa L ⊥	an Fran	cisco				] [	CA	g	94109	
2.	FEC IDENTIFICATION	N NUMBER	<b>¥</b>		CITY 🛕			S	TATE	1	ZIPCOD	DE 🛕
	C00196246	• • •		;	3. IS THIS REPOR		NEW (N)	OR	X	AMENDED (A)		
4.	TYPE OF REPOR (Choose One)	<b>T</b> (I	b) Mor Rep	ort	Feb 20 (M	2)	May 20	(M5)		Aug 20 (M8)		Nov 20 (M11) (Non-Election Year Only)
	(a) Quarterly Reports:		Due	On: X	Mar 20 (M	3)	Jun 20	(M6)		Sep 20 (M9)		Dec 20 (M12) (Non-Election Year Only)
	April 15				Apr 20 (M	1)	Jul 20 (	M7)		Oct 20 (M10)		Jan 31 (YE)
	Quarterly R	eport(Q1)	(c)	12-Day		Primary (	12P)		Ger	neral (12G)		Runoff (12R)
	July 15 Quarterly Report(Q2)		PRE-E		<b>E</b> -Election		Crossial (40C)			,		
	October 15 Quarterly R	eport(Q3)		Report for the	ne:	Convention	on (12C)		Spe	ecial (12G)		
	January 31 Quarterly R			E	Election on						in the State of	
	July 31 Mid Report(Non Year Only)	-election (MY)	(d)	30-Day Post -Electi Report for the		General (	(30G)		Rur	noff (30R)		Special (30S)
	Termination (TER)	Report						1 [			in the	
				E	Election on				• •		State of	
5.	Covering Period	02	0 1	201	0	throug	gh	02	28	2010		
l ce	ertify that I have examine	ed this Report	and to	the best of n	ny knowledge	e and belief	it is true, co	orrect ar	nd com	olete.		
Тур	e or Print Name of Tre	asurer <u>S</u>	Steven I	Rausch								
0:	and we of Tunner	Electronically	Filed b	y Steven F	Rausch			Da	. Г	04 1		2010
ыg	nature of Treasurer	22. 3		, -10.0.11				Da	re [	V T   1	<u>.</u> L	2010
NO	TE : Submission of fals	se, erroneous,	or inco	omplete inforr	mation may s	subject the p	erson sign	ing this	Report	to the penalties	of 2 U.S	S.C 437g.
	Office Use Only									<b>I</b>	FORI ev. 12/200	

A. Form/Schedule : F3XA

Transaction ID:

Correction to 2/18/10 disbursement on Line 21b.

### **SUMMARY PAGE**

OF RECEIPTS AND DISBURSEMENTS

FEC Form 3X (Rev. 02/2003) 3 / 27

Write or Type Committee Name American Academy of Ophthalmology Inc Political Committee (OPHTHPAC) D D 02 0 1 2010 0.2 28 2010 Report Covering the Period: From: To: **COLUMN A COLUMN B This Period** Calendar Year-to-Date (a) Cash on Hand 2010° 774216.66 January 1 (b) Cash on Hand at 807835.45 Begining of Reporting Period ..... 20512.43 54946.41 (c) Total Receipts (from Line 19) ..... (d) Subtotal (add lines 6(b) and 6(c) for Column A and Lines 828347.88 829163.07 6(a) and 6(c) for Column B) ..... 54162.64 54977.83 Total Disbursements (from Line 31) ..... Cash on Hand at Close of Reporting Period 774185.24 774185.24 (subtract Line 7 from Line 6(d)) ..... Debts and Obligations owed the committee (Itemize all on 0.00 Schedule C and/or Schedule D) .....

10. Debts and Obligations owed the committee (Itemize all on Schedule C and/or Schedule D) .....

0.00

X This Committee has qualified as a multicandidate committee. (see FEC FORM 1M)

### For further information contact:

Federal Election Commission 999 E street, NW Washington, DC 20463

> Toll Free 800-424-9530 Local 202-694-1100

### DETAILED SUMMARY PAGE OF RECEIPTS

FEC Form 3X (Rev. 06/2004) 4 / 27

Write or Type Committee Name

American Academy of Ophthalmology Inc Political Committee (OPHTHPAC)

Report Covering the Period:

From: 0 2

D D 0 1

2010

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м м 0 2 D D 28

Y Y Y Y 2 0 1 0

	I. Receipts	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
	Contributions (other than loans) From:  a) Individuals/Persons Other		
	Than Political Committees (i) Itemized (use Schedule A)	13175.32	31595.64
	(ii) Unitemized	7185.00	21845.00
	(iii) TOTAL (add Lines 11(a)(i) and (ii)	20360.32	53440.64
(i	b) Political Party Committees	0.00	0.00
,	c) Other Political Committees (such as PACs)	0.00	0.00
	11(a)(iii),(b) and (c)) (Carry Totals to Line 33, page 5)	20360.32	53440.64
	ransfers From Affiliated/Other	0.00	0.00
3. A	All Loans Received	0.00	0.00
	oan Repayments Received	0.00	0.00
(0	Refunds, Rebates, etc.) Carry Totals to Line 37, page 5)	0.00	0.00
to	o Federal candidates and Other Political Committees	0.00	0.00
	Other Federal Receipts Dividends, Interest, etc.)	152.11	1505.77
	ransfers from Non-Federal and Levin Funds		
(8	a) Non-Federal Account (from Schedule H3)	0.00	0.00
(l	b) Levin Funds (from Schedule H5)	0.00	0.00
(0	c) Total Transfer (add 18(a) and 18(b)).	0.00	0.00
	otal Receipts (add Lines 11(d), 2, 13, 14, 15, 16, 17, and 18(c))	20512.43	54946.41
	otal Federal Receipts subtract Line 18(c) from Line 19)	20512.43	54946.41

### **DETAILED SUMMARY PAGE**

FEC Form 3X (Rev. 02/2003)

of Disbursements

5 / 27

II. DISBURSEMENTS	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
Operating Expenditures:     (a) Shared Federal/Non-Federal		
Activity (from Schedule H4)	0.00	0.00
(i) Federal Share	0.00	0.00
(ii) Non-Federal Share	0.00	0.00
(b) Other Federal Operating	1662.64	2377.83
Expenditures(c) Total Operating Expenditures	1002.04	2377.65
(add 21(a)(i), (a)(ii) and (b))	1662.64	2377.83
2. Transfers to Affiliated/Other Party	0.00	0.00
Committees	0.00	0.00
Federal Candidates/Committeesand Other Political Committees	52500.00	52500.00
I. Independent Expenditure	0.00	0.00
(use Schedule E)	0.00	0.00
Committees (2 U.S.C. 441a(d)) (use Schedule F)	0.00	0.00
6. Loan Repayments Made	0.00	0.00
7. Loans Made	0.00	0.00
Refunds of Contributions To:     (a) Individuals/Persons Other		
Than Political Committees	0.00	100.00
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees	0.00	0.00
(such as PACs)	0.00	0.00
(d) Total Contribution Refunds (add Lines 28(a), (b), and (c))	0.00	100.00
Other Disbursements	0.00	0.00
5 - Fordered Floritor Auto to (0.11.0.0.404(00))		
<ul><li>Federal Election Activity (2 U.S.C 431(20))</li><li>(a) Shared Federal Election Activity</li></ul>		
(from Schedule H6)	2.22	
(i) Federal Share	0.00	0.00
(ii) "Levin" Share	0.00	0.00
(b) Federal Election Activity Paid Entirely With Federal Funds	0.00	0.00
(c) Total Federal Election Activity (add	0.00	
Lines 30(a)(i), 30(a)(ii) and 30(b))	0.00	0.00
1. Total Disbursements (add Lines 21(c), 22,		
23,24,25,26,27,28(d),29  and  30(c))	54162.64	54977.83
2. Total Federal Disbursements		
(subtract Line 21(a)(ii) and Line 30(a)(ii)		
from Line 31)	54162.64	54977.83

### **DETAILED SUMMARY PAGE**

of Disbursements

FEC Form 3X (Rev. 02/2003) 6 / 27

	III. Net Contributions/Operating Expenditures	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
33.	Total Contributions (other than loans) from Line 11(d), page 3)	20360.32	53440.64
34.	Total Contribution Refunds (from Line 28(d))	0.00	100.00
35.	Net Contributions (other than loans) (subtract Line 34 from Line 33)	20360.32	53340.64
36.	Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b))	1662.64	2377.83
37.	Offsets to Operating Expenditures (from Line 15, page 3)	0.00	0.00
38.	Net Operating Expenditures (subtract Line 37 from Line 36)	1662.64	2377.83

FE6AN026

Any information copied from such Reports and or for commercial purposes, other than using the NAME OF COMMITTEE (In Full)  American Academy of Ophthalmolog  Full Name (Last, First, Middle Initial)  Steven Andersen  Mailing Address Suite B				
Steven Andersen  Mailing Address Suite B			<u> </u>	
			Date of Receipt	
38707 Stivers Street			02 18 2010	
City	State	Zip Code	Transaction ID: 099C8BE7A136AAA2E6	
Fremont	CA	94536-5337	Amount of Each Receipt this Period	
FEC ID number of contributing federal political committee.	C		500.00	
Name of Employer Self	Occupatio Ophtham			
Receipt For:  Primary General  Other (specify) ▼	Aggregate	e Year-to-Date ▼ 500.00		
Full Name (Last, First, Middle Initial) Priscilla Arnold			Date of Receipt	
Mailing Address 386 Crooked Lane			02 / 03 / 2010	
City	State	Zip Code	Transaction ID: 51A89219-C65C-42FE	
Blue Eye	MO	65611-8318	Amount of Each Receipt this Period	
FEC ID number of contributing federal political committee.	C		250.00	
Name of Employer Self	Occupatio Ophtham			
Receipt For:  Primary General  Other (specify) ▼	Aggregate	e Year-to-Date ▼ 250.00		
Full Name (Last, First, Middle Initial) William Banks	1		Date of Receipt	
Mailing Address Suite 804			02 28 2010	
City	State	Zip Code	Transaction ID: 62E41789-CE43-4361-	
Houston	TX	77074	Amount of Each Receipt this Period	
FEC ID number of contributing federal political committee.	C		500.00	
Name of Employer Self	Occupatio Ophtham			
Receipt For:  Primary General  Other (specify) ▼	Aggregate	e Year-to-Date ▼ 500.00		
SUBTOTAL of Receipts This Page (optional)			1250.00	

	SCHEDULE A (FEC Form 3X) TEMIZED RECEIPTS	for each	parate schedule(s) n category of the d Summary Page	FOR LINE NUMBER: PAGE 8 / 27 (check only one)  X 11a 11b 11c 12 13 14 15 16 17
	Any information copied from such Reports and Sor for commercial purposes, other than using the NAME OF COMMITTEE (In Full)  American Academy of Ophthalmology	name and address of any	y political committee to s	for the purpose of soliciting contributions
∠ <b>A</b> .	Full Name (Last, First, Middle Initial) George Bartley Mailing Address 3629 Wright Road			Date of Receipt    M
	City	State Zip Co		Transaction ID: 6C3B972C-1513-4B51-
	Rochester  FEC ID number of contributing federal political committee.	MN 55902		Amount of Each Receipt this Period  1000.00
	Name of Employer Self	Occupation Ophthamologist		
	Receipt For:  Primary General  Other (specify) ▼	Aggregate Year-to-Da	ate ▼ 1000.00	
– В.	Full Name (Last, First, Middle Initial) Craig Cassidy Mailing Address Valley Eye Specialists			Date of Receipt
	160 W University Drive			02 26 2010
	City Mesa	State Zip Co AZ 85201		Transaction ID: 47ECB604E934AF06D6C8
	FEC ID number of contributing federal political committee.	C 83201		Amount of Each Receipt this Period  500.00
	Name of Employer Self	Occupation Ophthamologist		BATCH TOOL RECURRING PAYM- ENT APPROVED AND SETTLED
	Receipt For:  Primary General  Other (specify) ♥	Aggregate Year-to-Da	1000.00	
с. С.	Full Name (Last, First, Middle Initial) S. William Clark Mailing Address 502 Isabella Street			Date of Receipt  0 2 2 3 2 0 1 0
	City	State Zip Co	ode	Transaction ID: 4F909CF8BE13960DE170
	Waycross FEC ID number of contributing federal political committee.	GA 31501	1-3638	Amount of Each Receipt this Period 416.66
	Name of Employer Self	Occupation Ophthamologist		PACWEB RECURRING CC PAYME- NT APPROVED AND SETTLED
	Receipt For:  Primary General  Other (specify) ▼	Aggregate Year-to-Da	ate ▼ 833.32	
	SUBTOTAL of Receipts This Page (optional)		<b>&gt;</b>	1916.66

	CHEDULE A (FEC Form 3X) FEMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NU (check only or X 11a 13	
A	any information copied from such Reports and S or for commercial purposes, other than using the	Statements may e name and addi	not be sold or used by any pers ress of any political committee to		
	NAME OF COMMITTEE (In Full)  American Academy of Ophthalmology	Inc Political	Committee (OPHTHPAC)		
. ∠ \.	Full Name (Last, First, Middle Initial) Andrew Doan			Date of Re	eceipt
	Mailing Address 45510 Peacock Place			0 2	18 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	City	State	Zip Code	Transactio	on ID: 8EF43F74D20F0E57C5
	Temecula	CA	92592-4830	Amount of	Each Receipt this Period
	FEC ID number of contributing federal political committee.	C			500.00
	Name of Employer Self	Occupation Ophthamo			
	Receipt For:  Primary General  Other (specify)	Aggregate `	Year-to-Date ▼ 500.00		
 3.	Full Name (Last, First, Middle Initial) David Durfee	1		Date of Re	eceipt
	Mailing Address 616 SE Manchester PI	02	04		
	City	Zip Code	Transactio	on ID: 7C753D53-783B-474C-	
	Portland	OR	97202	Amount of	Each Receipt this Period
	FEC ID number of contributing federal political committee.	C			500.00
	Name of Employer Self	Occupation Ophthamo			
	Receipt For:  Primary General  Other (specify)	Aggregate `	Year-to-Date ▼ 500.00		
_ ;.	Full Name (Last, First, Middle Initial) Suzanne Everhart			Date of Re	eceipt
	Mailing Address 204 Virginia Street			02	0 9 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	City	State	Zip Code		on ID: AE2B5490A3DE93FEE
	Ashland	VA	23005-2049	Amount of	Each Receipt this Period
	FEC ID number of contributing federal political committee.	C			1000.00
	Name of Employer Self	Occupation Ophthamo			
	Receipt For:  Primary General  Other (specify)	Aggregate `	Year-to-Date ▼ 1000.00		
	SUBTOTAL of Receipts This Page (optional)	1			2000.00

	CHEDULE A (FEC Form 3X) EMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE (check only X 11a	NUMBER: PAGE 10 / y one) 11b 11c 12 14 15 16	
A	ny information copied from such Reports and for commercial purposes, other than using th	Statements may e name and add	not be sold or used by any pers ress of any political committee to			
	NAME OF COMMITTEE (In Full)  American Academy of Ophthalmolog	y Inc Political	Committee (OPHTHPAC)			
۷.	Full Name (Last, First, Middle Initial) Stuart Fine			Date of	Receipt	
	Mailing Address 51 N 39th Street			0 2	23 201	0
	City Philadelphia	State PA	Zip Code 19104-2640		ction ID: 222FC3DFE20	
	FEC ID number of contributing federal political committee.	C	19104-2040	Amoun	t of Each Receipt this Period 500.0	
	Name of Employer Self	Occupation Ophtham				
	Receipt For:  Primary  General  Other (specify) ▼	<del>- ' · · · · · · · · · · · · · · · · · · </del>	Year-to-Date ▼ 500.00			
. – s.	Full Name (Last, First, Middle Initial) Kurt Frederick Heitman			Date of	Receipt	
	Mailing Address 104 Simpson St			0 2	04 201	0
	City	State	Zip Code		ction ID: 467609DB-518	
	Greenville FEC ID number of contributing federal political committee.	SC C	29605	Amoun	t of Each Receipt this Period 500.0	1 1
	Name of Employer Self	Occupation Ophtham				
	Receipt For:  Primary  General  Other (specify) ▼		Year-to-Date ▼ 500.00			
	Full Name (Last, First, Middle Initial) Mark Hughes			Date of	Receipt	
	Mailing Address Suite 600 50 Staniford Street			0 2	11 201	0
	City	State MA	Zip Code		ction ID: 4347A58A14D	
	Boston  FEC ID number of contributing federal political committee.	C	02114-2539		t of Each Receipt this Period	66
	Name of Employer Self	Occupation Ophtham		PACWE NT APE	EB RECURRING CC PA PROVED AND SETTLE	AYME- D
	Receipt For:  Primary General  Other (specify) ▼	<del></del>	Year-to-Date ▼ 833.32			
		1			1416.6	

SCHEDULE A (FEC Form 3X) TEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 11 / 27 (check only one)  X 11a 11b 11c 12 13 14 15 16 17
Any information copied from such Reports and Sor for commercial purposes, other than using the NAME OF COMMITTEE (In Full)  American Academy of Ophthalmology	Statements may not be sold or used by any pere name and address of any political committee Inc Political Committee (OPHTHPAC)	son for the purpose of soliciting contributions to solicit contributions from such committee.
Full Name (Last, First, Middle Initial)  James Kinsey  Mailing Address 1101 Erie Boulevard E  City  Syracuse  FEC ID number of contributing federal political committee.  Name of Employer Self  Receipt For:  Primary  General  Other (specify)	State Zip Code NY 13210-1148  C  Occupation Ophthamologist  Aggregate Year-to-Date  365.00	Date of Receipt    M M
Full Name (Last, First, Middle Initial) Philip Kramer  Mailing Address Ophthalmology Assoc 1460 Victory Boulevar  City Staten Island  FEC ID number of contributing federal political committee.  Name of Employer Self  Receipt For: Primary General Other (specify)		Date of Receipt    M M
Full Name (Last, First, Middle Initial) Mitchel Lautenberg  Mailing Address 11 chippewa ct  City holmdel  FEC ID number of contributing federal political committee.  Name of Employer Self  Receipt For: Primary General Other (specify)	State Zip Code NJ 07733  C  Occupation Ophthamologist  Aggregate Year-to-Date   500.00	Date of Receipt  M M / D D / Y Y Y Y Y  O 2 / 2 6 / 2 0 1 0  Transaction ID: 3ED0E1BA-B0EA-4101  Amount of Each Receipt this Period  500.00
SUBTOTAL of Receipts This Page (optional)	<u> </u>	1865.00

SCHEDULE A (FEC Form 3 ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 12 / 27 (check only one)    X
or for commercial purposes, other than usin NAME OF COMMITTEE (In Full)	and Statements may not be sold or used by any per ig the name and address of any political committee plogy Inc Political Committee (OPHTHPAC)	son for the purpose of soliciting contributions to solicit contributions from such committee.
Full Name (Last, First, Middle Initial) Thomas Moore Mailing Address 214 E Monterey W  City Phoenix  FEC ID number of contributing federal political committee.  Name of Employer Self  Receipt For: Primary Other (specify)	State Zip Code AZ 85012-2620  C  Occupation Ophthamologist  Aggregate Year-to-Date  365.00	Date of Receipt    M M M
Full Name (Last, First, Middle Initial) Clifford Myers  Mailing Address Suite 106 5401 N Knoxville A  City Peoria  FEC ID number of contributing federal political committee.  Name of Employer Self  Receipt For: Primary General Other (specify)	Avenue  State Zip Code  IL 61614-5021  C  Occupation Ophthamologist  Aggregate Year-to-Date  365.00	Date of Receipt  M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Full Name (Last, First, Middle Initial) David Richardson  Mailing Address Suite P25 207 S Santa Anita City San Gabriel  FEC ID number of contributing federal political committee.  Name of Employer Self  Receipt For: Primary General Other (specify)	Street  State Zip Code CA 91776-1145  C  Occupation Ophthamologist  Aggregate Year-to-Date   634.00	Date of Receipt    M M
SUBTOTAL of Receipts This Page (option	nal)	1047.00

	CHEDULE A (FEC Form 3X) FEMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 13 / 27 (check only one)    X   11a
	ny information copied from such Reports and S r for commercial purposes, other than using the NAME OF COMMITTEE (In Full)  American Academy of Ophthalmology	name and add	dress of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.
<b>A</b> .	Full Name (Last, First, Middle Initial) Robert Schultze  Mailing Address 49 North Street  City  Delmar  FEC ID number of contributing federal political committee.  Name of Employer Self  Receipt For:  Primary General Other (specify)	State NY  C  Occupation Ophtham Aggregate		Date of Receipt    M
В.	Full Name (Last, First, Middle Initial) David Silbert  Mailing Address Family Eye Group 2110 Harrisburg Pike  City  Lancaster  FEC ID number of contributing federal political committee.  Name of Employer Self  Receipt For:  Primary General Other (specify)	State PA C Occupation Ophtham Aggregate		Date of Receipt  M M M / D D M 2 2 0 1 0  Transaction ID: 8C4A99DDB87EFE4B9A  Amount of Each Receipt this Period  250.00
 C.	Full Name (Last, First, Middle Initial) Rand Spencer  Mailing Address 3612 Overbrook Drive  City Dallas  FEC ID number of contributing federal political committee.  Name of Employer Self  Receipt For: Primary General Other (specify)	State TX C Occupation Ophtham Aggregate		Date of Receipt  M M M / D D / 2 3 2 0 1 0  Transaction ID: 446A10B8FC9D6AD155E  Amount of Each Receipt this Period  365.00
	SUBTOTAL of Receipts This Page (optional)			1015.00

	SCHEDULE A (FEC Form 3X) TEMIZED RECEIPTS	Use separate sche for each category of Detailed Summary	of the Griden Gring Gride
7	Any information copied from such Reports and St or for commercial purposes, other than using the NAME OF COMMITTEE (In Full)  American Academy of Ophthalmology	name and address of any political c	by any person for the purpose of soliciting contributions committee to solicit contributions from such committee.  THPAC)
<b>A</b> .	Full Name (Last, First, Middle Initial)  Marvin Talansky  Mailing Address 21 S Arlene Drive  City  West Long Branch  FEC ID number of contributing federal political committee.  Name of Employer Self  Receipt For:  Primary  General  Other (specify)	1	Date of Receipt  M M J D D J Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
В.	Full Name (Last, First, Middle Initial) Lyle Thorstenson  Mailing Address PO Box 632020  City  Nacogdoches  FEC ID number of contributing federal political committee.  Name of Employer Self  Receipt For: Primary General Other (specify)	State Zip Code TX 75963-2020  C  Occupation Ophthamologist Aggregate Year-to-Date  9	Date of Receipt  M M M / D D / Y Y Y Y Y  O 2 1 6 2 0 1 0  Transaction ID: CF5AD5262D5EEBB2CF3  Amount of Each Receipt this Period  800.00
С.	Full Name (Last, First, Middle Initial) Robert Tibolt  Mailing Address 655 Medical Center Dr  City Salem  FEC ID number of contributing federal political committee.  Name of Employer Self  Receipt For: Primary General Other (specify)	State Zip Code OR 97301-2751  C  Occupation Ophthamologist Aggregate Year-to-Date ▼	Date of Receipt  M M M / D D / Y Y Y Y Y  O 2 0 1 0  Transaction ID: 616A2E81-84CD-4ADA- Amount of Each Receipt this Period  1000.00
	SUBTOTAL of Receipts This Page (optional)  TOTAL This Period (last page this line number of		2165.00

### S

SCHEDULE A (FEC Form 3X)		parate schedule(s)	FOR LINE NUMBER: PAGE 15 / 27 (check only one)				
TEMIZED RECEIPTS		n category of the d Summary Page	X 11a 11b 11c 12 13 14 15 16 17				
Any information copied from such Reports and or for commercial purposes, other than using the							
NAME OF COMMITTEE (In Full)							
American Academy of Ophthalmolog	y Inc Political Commit	tee (OPHTHPAC)					
Full Name (Last, First, Middle Initial) Russell Van Gelder			Date of Receipt				
Mailing Address 7525 Mercer Terrace	Dr		02 18 7 9 10				
City	State Zip C	ode	Transaction ID: 9FDD05DE-203E-43D7-				
Mercer island	WA 9804	0	Amount of Each Receipt this Period				
FEC ID number of contributing federal political committee.	C		500.00				
Name of Employer Self	Occupation Ophthamologist						
Receipt For:  Primary General  Other (specify) ▼	Aggregate Year-to-D	500.00					

SUBTOTAL of Receipts This Page (optional)	•	500.00
TOTAL This Period (last page this line number only)	<b>•</b>	13175.32

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS	()	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 16 / 27 (check only one)  11a 11b 11c 12  13 14 15 16 17 17
Any information copied from such Reports ar or for commercial purposes, other than using			
NAME OF COMMITTEE (In Full)  American Academy of Ophthalmolo	ogy Inc Political	Committee (OPHTHPAC)	
Full Name (Last, First, Middle Initial)  Bank of America  Mailing Address 101 S Marengo Ave  3rd Floor	enue		Date of Receipt  0 2 2 8 2 0 1 0
City Pasadena	State CA	Zip Code 91101	Transaction ID: 1567292B7AE14EBF062 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		127.11
Name of Employer	Occupation		CD interest - Feb 2010
Receipt For:  Primary General  Other (specify) ▼	Aggregate	Year-to-Date ▼ 615.77	

SUBTOTAL of Receipts This Page (optional)	•	127.11
TOTAL This Period (last page this line number only)	•	127.11

CHEDULE B (FEC	Form 3X)	Use sepa	arate schedule(s)		FOR LIN			R:		PA	GE	17 / 2	7
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American Academy of C	•	nc Political C	Committee (OPI	нтн	PAC)								
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Full Name (Last, First, Middl AAO	le Initial)						Date	of Dis	n ID: \				_
Mailing Address 655 Be	each St.						0 <sup>M</sup> 2	M /	18	/ Y	ž	οťο	Y
City San Francisco		State CA	Zip Code 94109				Amou	int of I	Each Di	sburse			eriod
Purpose of Disbursement Transfer ADMIN funds to AA	OA			(	001		<u></u>				/6	5.00	
Candidate Name					egory/ ype								
Office Sought: Hous Sena Presi	te	Primary Other (spe	General ecify) ▼										
State: District:													
Full Name (Last, First, Middl AAO	e Initial)								n ID: \		5-51	2447	5359
Mailing Address 655 Be	each St.						0 <sup>M</sup> 2	M /	18	/ Y	ž	0 1 O	Y
City San Francisco		State CA	Zip Code 94109				Amou	int of I	Each Di	sburse	ment	this P	eriod
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Candidate Name				Ca	egory/ ype								
Office Sought: Hous Sena Presi	te	Primary Other (spe	General ecify) ▼										
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Full Name (Last, First, Middl Wells Fargo Bank N.A.	le Initial)						Date	of Dis	n ID: ( ourseme	ent			
Mailing Address PO Bo	Mailing Address PO Box 63020						0 <sup>M</sup> 2	M /	<sup>D</sup> 2 8	/ Y	ž	οťο	Y
City San Francisco		State CA	Zip Code 94163				Amou	ınt of I	Each Di	sburse	ment	this P	eriod
Purpose of Disbursement Bank charges - Feb 2010				(	001		<u> </u>				30	1.61	
Candidate Name				Ca	tegory/								
Office Sought: Hous Sena Presi	te	rsement For: Primary Other (spe	General ecify) ▼		<u>-</u>								
State: District:													
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	formation copied from such Reports and commercial purposes, other than using the			
N	AME OF COMMITTEE (In Full)			
<b>/</b> A	merican Academy of Ophthalmolog	gy Inc Political Committee (OP	HTHPAC)	
Fı	ıll Name (Last, First, Middle Initial)			Transaction ID: 61525C759EA713CF45
W	'ells Fargo Bank N.A.			Date of Disbursement
M	ailing Address PO Box 63020			02
Ci		State Zip Code		Amount of Each Disbursement this Period
S	an Francisco	CA 94163		
	urpose of Disbursement		004	131.03
_	MEX discount - Feb 2010		001	
Ui	andidate Name		Category/ Type	
0	fice Sought: House D	isbursement For:		
	Senate	Primary General		
	President	Other (specify)		
St	ate: District:			

SUBTOTAL of Disbursements This Page (optional)	<u> </u>	131.03
TOTAL This Period (last page this line number only)	<b>—</b>	1662.64

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ΙΤ	EMIZED DISBURSEMENTS	Detailed Summary Page	21b 22 X 23 24 25 22 27 28a 28b 28c 29 3
	/ Information copied from such Reports and S or commercial purposes, other than using the NAME OF COMMITTEE (In Full)		erson for the purpose of soliciting contributions ee to solicit contributions from such committee
$\geq$	American Academy of Ophthalmology	Inc Political Committee (OPHTHPAC	C)
	Full Name (Last, First, Middle Initial) Bob Filner for Congress		Transaction ID: 23192-74210757017 Date of Disbursement
	Mailing Address PO Box 121480		$ \begin{array}{c ccccccccccccccccccccccccccccccccccc$
	City Chula Vista	State Zip Code CA 91912	Amount of Each Disbursement this Period
	Purpose of Disbursement 2010 Primary Contribution	011	1000.00
	Candidate Name Bob Filner	Categor Type	•
	Senate President	oursement For: 2010  X Primary General  Other (specify)	
	State: CA District: 51  Full Name (Last, First, Middle Initial)  Committee To Re-Elect Linda Sanche.		Transaction ID: 23192-30236452817 Date of Disbursement
	Mailing Address 1212 S. Victory Blvd Suite 211		02 7 2010
	City Burbank	State Zip Code CA 91502	Amount of Each Disbursement this Period
	Purpose of Disbursement 2010 Primary Contribution	011	2500.00
	Candidate Name Linda T. Sanchez	Categor Type	
	Office Sought:  X House Senate President State: CA District: 39	oursement For: 2010  X Primary General  Other (specify) ▼	
	Full Name (Last, First, Middle Initial) Congressman Waxman Campaign Co	mmittee	Transaction ID: 97511-1582910418 Date of Disbursement
	Mailing Address 6380 Wilshire Blvd.	1612	02 17 7 2010
	City Los Angeles	State Zip Code CA 90048	Amount of Each Disbursement this Period
	Purpose of Disbursement void ck originally reported 11/3/09	011	-2500.00
	Candidate Name Henry A. Waxman	Catego Type	
	Office Sought:  X House Senate President State: CA District: 30	oursement For: 2010  X Primary General  Other (specify)	
	5.a.c. 5.1		1

	CHEDULE B (FEC FOIIII 3X)	Use separate schedule(s	FOR LIN (check or	E NUMBER: PAGE 20 / 27
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	y Information copied from such Reports and State or commercial purposes, other than using the na			
\	NAME OF COMMITTEE (In Full)	mo and address of any points.		odiok odniki bakono mom odom odminikoo
$ \rangle$	American Academy of Ophthalmology In	c Political Committee (O	PHTHPAC)	
<u> </u>	Full Name (Last, First, Middle Initial)			Transaction ID: 23192-23560732603
	Democratic Congressional Campaign Co	ommittee		Date of Disbursement
	Mailing Address 430 South Capitol Stre 2nd Floor	et, SE		$ \begin{bmatrix} M & M \\ 0 & 2 \end{bmatrix} \begin{bmatrix} D & D \\ 0 & 2 \end{bmatrix} \begin{bmatrix} Y & Y & Y \\ 2 & 0 & 1 & 0 \end{bmatrix} $
	City Washington	State Zip Code DC 20003		Amount of Each Disbursement this Period
	Purpose of Disbursement		-	15000.00
	2010 Contribution		011	
	Candidate Name Democratic Congressional Campaign Co	ommittee	Category/ Type	
	9 🗎	sement For: 2010	•	
	Senate President	Primary General  X Other (specify) ▼		
		ibution		
	Full Name (Last, First, Middle Initial)			Transaction ID: 23192-67541140317
	Democratic Senatorial Campaign Comm	ittee		Date of Disbursement
	Mailing Address 120 Maryland Ave NE			$\begin{array}{c ccccccccccccccccccccccccccccccccccc$
	City Washington	State Zip Code DC 20002		Amount of Each Disbursement this Period
	Purpose of Disbursement			15000.00
	Contribution Candidate Name		011 Category/	
	Democratic Senatorial Campaign Comm		Type	
	Office Sought: House Disbur	sement For: 2010 Primary General		
		X Other (specify) ▼		
	State: District: Contr	ibution		
	Full Name (Last, First, Middle Initial) Devin Nunes Campaign Committee			Transaction ID: 97511-25561159849 Date of Disbursement
	Mailing Address PO Box 6545			$ \begin{bmatrix} M & M \\ 0 & 2 \end{bmatrix} & \begin{bmatrix} D & D \\ 1 & 7 \end{bmatrix} & \begin{bmatrix} Y & Y & Y & Y \\ 2 & 0 & 1 & 0 \end{bmatrix} $
	City Visalia	State Zip Code CA 93290		Amount of Each Disbursement this Period
	Purpose of Disbursement			-1000.00
	void ck originally reported 7/15/09  Candidate Name		011 Category/	
	Devin G. Nunes		Type	
	Senate President	sement For: 2010  X Primary General Other (specify)	•	
	State: CA District: 21			
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CHEDULE B (FEC Form 3X	Use separate scriedule(s	(check only	NUMBER: PAGE 21 / 27 yone)
EMIZED DISBURSEMENTS	Detailed Summary Page	21b 27 27	22 X 23 24 25 26 28a 28b 28c 29 30
ny Information copied from such Reports and for commercial purposes, other than using the			
NAME OF COMMITTEE (In Full)  American Academy of Ophthalmolog	gy Inc Political Committee (Ol	PHTHPAC)	
Full Name (Last, First, Middle Initial) Friends for Jim McDermott			Transaction ID: 97511-501598536968 Date of Disbursement
Mailing Address PO Box 21786		$\begin{bmatrix} \begin{smallmatrix} M & 2 & M \\ 0 & 2 & M \end{bmatrix} / \begin{bmatrix} \begin{smallmatrix} D & D \\ 1 & 7 \end{bmatrix} / \begin{bmatrix} \begin{smallmatrix} Y & Y & Y & Y & Y \\ 2 & 0 & 1 & 0 \end{bmatrix}$	
City Seattle	State Zip Code WA 98111		Amount of Each Disbursement this Period
Purpose of Disbursement void ck originally reported 11/3/09		011	-1000.00
Candidate Name Jim McDermott		Category/ Type	
Office Sought:  X House Senate President State: WA District: 07	isbursement For: 2010  X Primary General Other (specify)		
Full Name (Last, First, Middle Initial) Friends of Dennis Cardoza			Transaction ID: 23192-99747866392
Mailing Address PO Box 2749			$\begin{bmatrix}\begin{smallmatrix}M&2&M\\0&2&M\end{smallmatrix}\end{bmatrix}/\begin{bmatrix}\begin{smallmatrix}D&D&D\\0&2&M\end{smallmatrix}\end{bmatrix}/\begin{bmatrix}\begin{smallmatrix}Y&Y&Y&Y&Y\\2&0&1&0\end{smallmatrix}\end{bmatrix}$
City Merced	State Zip Code CA 95340		Amount of Each Disbursement this Period
Purpose of Disbursement 2010 Primary Contribution		011	2000.00
Candidate Name Dennis A. Cardoza		Category/ Type	
Office Sought:  X House Senate President State: CA District: 18	isbursement For: 2010  X Primary General Other (specify)		
Full Name (Last, First, Middle Initial) Friends of Dick Durbin Committee			Transaction ID: 97587-263317286968 Date of Disbursement
Mailing Address PO Box 1949			$\begin{bmatrix}\begin{smallmatrix}M&2&M\\0&2&\end{smallmatrix}\end{bmatrix}/\begin{bmatrix}\begin{smallmatrix}D&1&D\\1&7\end{smallmatrix}]/\begin{bmatrix}\begin{smallmatrix}Y&&Y&1&0&Y\\&&2&0&1&0&\end{smallmatrix}$
City Springfield	State Zip Code IL 62705		Amount of Each Disbursement this Period
Purpose of Disbursement void ck originally reported 10/14/09		011	-2500.00
Candidate Name Richard J. Durbin		Category/ Type	
X Senate President	isbursement For: 2014  X Primary General  Other (specify)		
State: IL District:  GUBTOTAL of Disbursements This Page (op	tional)		-1500.00
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SCHEDULE B (FEC Form 3X)	Use separate schedule(s)	FOR LINE N		PAGE 22 / 27			
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NAME OF COMMITTEE (In Full)	and address of any political co	THITILLE TO SOIL	on Contributions from	III Sucii committee	$\dashv$		
American Academy of Ophthalmology Inc	Political Committee (OPH)	THPAC)					
Full Name (Last, First, Middle Initial) Gillibrand for Senate			Transaction ID: Date of Disburser	97587-4522821307 ment	1823		
Mailing Address 313 C Street NE			02 1	7 2010			
,	State Zip Code DC 20002		Amount of Each [	Disbursement this Period	t		
Purpose of Disbursement void ck originally reported 9/3/09.		011		-2000.00			
Candidate Name Kirsten E. Gillibrand		Category/ Type					
X Senate X President	ment For: 2010 Primary General Other (specify)						
State: NY District:							
Full Name (Last, First, Middle Initial) Gillibrand for Senate			Date of Disburser		0729		
Mailing Address 313 C Street NE			02 1	7 2010			
Washington	State Zip Code DC 20002		Amount of Each Disbursement this Period				
Purpose of Disbursement void ck originally reported 7/28/09.  Candidate Name	<u></u>	011 Category/		-1000.00			
Kirsten E. Gillibrand		Type					
9 🗎 –	ment For: 2010 Primary General Other (specify)						
Full Name (Last, First, Middle Initial)			Tuanaatian ID.	00100 0070045477			
Glacier Pac			Date of Disburser		104		
Mailing Address 3242 Cummins Way Suite 603	State 7'- Onde						
	State Zip Code MT 59802		Amount of Each L	Disbursement this Period 5000.00	1		
2010 Contribution		011			_		
Candidate Name Glacier Pac		Category/ Type					
Senate	ment For: 2010 Primary General Other (specify)   ution						
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SCHEDULE B (FEC Form 3X)	Use separate	schedule(s)	FOR LINE N	PAGE 23 / 27	
ITEMIZED DISBURSEMENTS	for each cate Detailed Sum	gory of the (	(check only of 21b 27	22 X 23	24 25 26 28c 29 30b
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or for commercial purposes, other than using the nam  NAME OF COMMITTEE (In Full)	e and address of	any political co	mmittee to solic	cit contributions from Si	uch committee
American Academy of Ophthalmology Inc	Political Com	mittee (OPH	ГНРАС)		
Full Name (Last, First, Middle Initial) Glacier Pac				Transaction ID: 97 Date of Disbursemen	 7511-54264467954636 t
Mailing Address 3242 Cummins Way Suite 603				$\begin{bmatrix} 0 & 2 & M \\ 0 & 2 & M \end{bmatrix}$	2010
City Missoula		Code 9802		Amount of Each Disb	
Purpose of Disbursement void ck originally reported 6/19/09.			011		-5000.00
Candidate Name Glacier Pac			Category/ Type		
Office Sought: House Disburse Senate President State: District:	ement For: Primary Other (specify)	General ▼			
Full Name (Last, First, Middle Initial) Hall for Congress Committee (RALPH HAI AS) Mailing Address Post Office Box 711	LL - ROCKWA	ALL, TEX-		Transaction ID: 97 Date of Disbursemen	7511-13970583677292 t 7 2 0 1 0
City		Code		Amount of Each Disb	oursement this Period
Rockwall Purpose of Disbursement void ck originally reported 11/3/09.	TX 75	5087	011		-1000.00
Candidate Name Ralph M. Hall		7	Category/ Type		
Senate X President	ement For: Primary Other (specify)	2010 General			
State: TX District: 04  Full Name (Last, First, Middle Initial)  Heller for Congress				Transaction ID: 23	3192-4469720721244
Mailing Address PO Box 750580				$\begin{bmatrix} \begin{smallmatrix} M & 2 & M \\ 0 & 2 & \end{smallmatrix} \end{bmatrix} / \begin{bmatrix} \begin{smallmatrix} D & 0 & D \\ 0 & 2 & \end{smallmatrix}$	2010
City Las Vegas		Code 9136		Amount of Each Disb	oursement this Period
Purpose of Disbursement Contribution			011		1000.00
Candidate Name Dean Heller			Category/ Type		
X	ement For:  Primary  Other (specify)	2010 General ▼			
SUBTOTAL of Disbursements This Page (optional)					-5000.00
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$\rangle$	NAME OF COMM American Acad	MITTEE (In Full) demy of Ophthalm	ology Inc Poli	itical (	Committee (OF	PHTI	HPAC)				
	Full Name (Last, Higgins for Co	First, Middle Initial) ngress							on ID: 975 sbursement	11-525356	6471538
	Mailing Address	PO Box 28						02	17	žož	0 <sup>Y</sup>
	City Buffalo		State NY		Zip Code 14220			Amount of	Each Disbu	rsement this	•
	Purpose of Disbuvoid ck originally	reported 7/15/09.					011			-2000.0	0
	Candidate Name Brian M. Higgi	ns	I Diahama	4 Fa	0010	ı	ategory/ Type				
	Office Sought:	X House Senate President	Disbursemer  X Pri Oth	mary	2010 General ecify) ▼						
	State: NY District: 27  Full Name (Last, First, Middle Initial)  Jo Bonner for Congress Committee								on ID: 231	92-379665	553569
	Mailing Address PO Box 851232							02	0 2	y žo j	0 <sup>Y</sup>
	City Mobile		State AL	е	Zip Code 36685			Amount of	Each Disbu	rsement this	Period
	Purpose of Disbu 2010 Primary Co	ntribution					011			1000.0	0
	Candidate Name Josiah Robins						ategory/ Type				
	Office Sought: State: AL	X House Senate President District: 01	Disbursemer X Pri Oth	mary	2010 General ecify)						
		First, Middle Initial)							on ID: 975 sbursement	87-236705	958843
	Mailing Address 815-A Brazos Street Pmb 230							02 4	17	y žo j	0 <sup>Y</sup>
	City Austin		State TX		Zip Code 78701			Amount of	Each Disbu	rsement this	
	Purpose of Disbursement void ck originally reported 10/12/09.						011			-1000.0	0
	Candidate Name Michael T. Mc	Caul	1				ategory/ Type				
	Office Sought:	χ House	Disbursemer	nt For: mary	2010 General						
		Senate President	I	-	ecify) 🔻						

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NAME OF COMMITTEE (In Full)  American Academy of Ophthalmology Inc	c Political Committee (OPHT)	HPAC)					
, ,							
•	Full Name (Last, First, Middle Initial) National Republican Congressional Committee						
Mailing Address 320 First Street SE		$\begin{bmatrix} \begin{smallmatrix} M & M \\ O & Z \end{smallmatrix} \end{bmatrix} / \begin{bmatrix} \begin{smallmatrix} D & D \\ O & Z \end{smallmatrix} \end{bmatrix} / \begin{bmatrix} \begin{smallmatrix} Y & Y & Y & Y \\ Z & O & I & O \end{smallmatrix} \end{bmatrix}$					
City Washington	State Zip Code DC 20003		Amount of Each Disbursement this Period				
Purpose of Disbursement 2010 Contribution		011	15000.00				
Candidate Name National Republican Congressional Com		ategory/ Type					
Senate President	sement For: 2010 Primary General Other (specify)						
State: District: Contri  Full Name (Last, First, Middle Initial)		Transaction ID: 23192-2091180682					
National Republican Senatorial Committe	e		Date of Disbursement  O 2 D 2 D 7 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y				
Mailing Address 425 Second Street NE	Mailing Address 425 Second Street NE						
City Washington	State Zip Code DC 20002		Amount of Each Disbursement this Period				
Purpose of Disbursement Contribution		011	15000.00				
Candidate Name National Republican Senatorial Committee		ategory/ Type					
Senate	sement For: 2010 Primary General  C Other (specify) ▼						
Full Name (Last, First, Middle Initial) Price for Congress			<b>Transaction ID:</b> 97511-7170221209 Date of Disbursement				
Mailing Address PO Box 425		$\begin{bmatrix} \begin{smallmatrix} M & 2 & M \\ 0 & 2 & M \end{bmatrix} / \begin{bmatrix} \begin{smallmatrix} D & D \\ 1 & 7 \end{bmatrix} / \begin{bmatrix} \begin{smallmatrix} Y & Y & Y & Y & Y \\ 2 & 0 & 1 & 0 \end{bmatrix}$					
City Roswell	State Zip Code GA 30077		Amount of Each Disbursement this Period				
Purpose of Disbursement void ck originally reported 11/3/09.		011	-5000.00				
Candidate Name Thomas E. Price		ategory/ Type					
	sement For: 2010  C Primary General  Other (specify)						
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SUBTOTAL of Disbursements This Page (optional	<b>)</b>		25000.00				

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1 \	NAME OF COMMITTE American Academy	, ,	ology Inc F	Political C	Committee (OP	HTH	НРА	C)							
	Full Name (Last, First, Roskam for Congre								Date		burse				
	Mailing Address PO Box 713								0 <sup>M</sup> 2		<sup>D</sup> 0	2	2	0 Ì 0	
	City Wheaton			State L	Zip Code 60187				Amou	int of	Each	Disburs			eriod
	Purpose of Disbursement 2010 Primary Contribution						011			0			100	00.00	
	Candidate Name Peter J. Roskam						ateg Type								
		House Senate President		nent For: Primary Other (spe	2010 General										
	State: IL District: 06 Full Name (Last, First, Middle Initial)								Trans	actic	n ID:	9751	1 050	7407	
	Susan Davis for Congress										burse				
	Mailing Address 1212 S. Victory Blvd. Suite 200								0 2		1	7 ′	2	0 Ĭ 0	
	City Burbank			State CA	Zip Code 91502				Amou	int of	Each	Disburs	ement	this P	eriod
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	Candidate Name Susan A. Davis						ateg Type	,							
		House Senate President rict: 53		nent For: Primary Other (spe	2010 General										
	Full Name (Last, First, Middle Initial)  Texans for Henry Cuellar Congressional Campaign								Date	of Dis	burse				
	Mailing Address 1519 Washington Street Second Floor, Suite 200								0 <sup>M</sup> 2	M /	<sup>D</sup> 1	7 /	ž	0 Ì 0	Y
	City Laredo	,	S	State ΓX	Zip Code 78042				Amou	int of	Each	Disburs	ement	this P	erioc
	Purpose of Disbursement void ck originally reported 9/29/09.					011			L.			-	-100	00.00	
	Candidate Name Henry Roberto Cuellar				Category/ Type										
		House Senate President rict: 28		nent For: Primary Other (spe	2010 General										
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S	CHEDULE B (FEC Form 3)	X)	arate schedule(s)		NUMBER:	PAGE 27/27				
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	y Information copied from such Reports ar for commercial purposes, other than using	•				· ·				
\	NAME OF COMMITTEE (In Full)									
	American Academy of Ophthalmol	ogy Inc Political (	Committee (OPF	ITHPAC)						
	Full Name (Last, First, Middle Initial)				Transaction ID: 2	23192-1234399676322				
	Tuesday Group Political Action Co	mmittee		Date of Disburseme	ursement					
	Mailing Address PO Box 11586				$\begin{bmatrix} M & M \\ 0 & 2 \end{bmatrix}$	2010				
	City Washington	State DC	Zip Code 20008		Amount of Each Dis	sbursement this Period				
	Purpose of Disbursement 2010 Contribution			011		5000.00				
	Candidate Name Tuesday Group Political Action Co	mmittee		Category/ Type						
	Office Sought: House Senate President	Disbursement For: Primary X Other (spe	2010 General ecify) ▼							
	State: District:	Contribution	•							

SUBTOTAL of Disbursements This Page (optional)	•	5000.00
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